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INFORMED CONSENT FOR TELEPSYCHOLOGY

Definition

Telepsychology is psychological services provided through telecommunication technologies. It is the preparation, transmission, communication, or related processing of information by electronic means.

Benefits

There are benefits and limitations to this service. This Informed Consent for Telepsychology contains important information focusing on doing psychotherapy using the phone or the Internet. The major benefit is that the psychologist and client can engage in psychotherapy services without being in the same physical location. This can save a patient time and can serve individuals who may have a difficult time getting to the office.

Limitations

Risks to Confidentiality

Dr. Murphy is using a telepsychology service that is encrypted to prevent breaches. In addition, the sessions will always be conducted on his end where he is alone in a place where others cannot see nor hear what is being said in the session. Even with these safeguards, given the nature of technology the confidentiality cannot be 100% guaranteed. It is important that on your end that you are alone in a room where others cannot see nor hear the session as well.

Technological Issues

Technological problems that can arise could interrupt a video session at which time we can attempt to reconnect. If reconnection is unsuccessful, and you are in agreement, the service can continue via telephone with the understanding that telephone service may not be secure.

Crisis Management and Intervention

Dr. Murphy will not engage in telepsychology services with clients who are at high risk requiring high levels of support and intervention. Dr. Murphy will verify your location at the start of each session in the event a potential crisis develops. A crisis plan will be discussed at the onset of this service. *In the event that there is a psychiatric emergency and connection with Dr. Murphy is lost, call 911, or go to the nearest emergency room.* **Please initial here _____ if you understand and agree with the information in this paragraph.**

In the event of a psychiatric emergency please provide the name and telephone number of an emergency contact that you give Dr. Murphy permission to contact in such event. It may also be the case that emergency responders can be sent to your location. Please initial here _____ if you understand and agree with the information in this paragraph.

My emergency contact is _____; His or her telephone number is: _____; My relationship with him or her is: _____

You may provide an additional contact here: _____

Fees

The rates for telepsychology are the same as in-person. Dr. Murphy has inquired from insurance companies that he accepts whether or not they cover telepsychological services. However, if for any reason the insurance company does not cover the services, you will be solely responsible for the entire fee of the session. This is not different than in-person sessions.

Records

Records for telepsychology is maintained in the same way as in-person records. These are maintained in an electronic note system which is also encrypted and password protected.

Other Information

Please consider the telepsychology session the same as an in-person session which includes being in a place free of distraction, refraining from eating or smoking, and dressing appropriately. If for any reason you feel telepsychology is no longer appropriate for you, you can decide not to participate. Telepsychology can be used in conjunction with in-person services, but must be discussed and planned ahead.

INFORMED CONSENT

This agreement is supplemental to the general informed consent signed during the intake session and does not amend any limits of confidentiality or other information contained within it. If you are in agreement with the terms and conditions, please sign below.

Patient

Date

Psychologist

Date